



Rx Remember to include: Rx form, Impression, Opposite model and Wax bite.

Send date _____ Due date _____

Clinic _____

Dentist _____

Patient _____

Ref no. _____

Male Female Age _____

Crown Bridge

Porcelain Fused to Metal # _____

Full Metal # _____

In-Ceram # _____

IPS e.max # _____

Zirconia # _____ Full Zirconia # _____

Cercon # _____ Lava # _____

Empress Esthetic Inlay/Onlay # _____

Empress Esthetic Veneer # _____

Composite # _____

Maryland Bridge # _____

Post & Core # _____

Telescopic # _____

Temporary # _____

Implant Service # _____

Cast Partial Frame # _____

Acrylic Denture # _____

Other _____

New Case

Lab Adjust

Try-in

Lab Remake

(Requires old prosthesis work)

Rush Case

ENCLOSED WITH CASE

Impression

Study Model

Bite

Old Prosthesis

Working Model

METAL

Non-Precious

Gold

Palladium Base

White Gold

Semi-Precious 52%

Precious 86%

MARGIN DESIGN

Metal _____mm

Porcelain Margin _____mm

(Only if shoulder is prepared)

Full porcelain

3/4 metal occlusal

360° metal margin

Full metal occlusal

Lingual metal margin

Metal fissures

Anterior

Full porcelain

3/4 lingual metal

Lingual metal margin

Full lingual metal

PONTIC DESIGN



STAINING

None

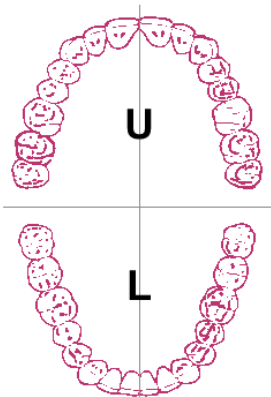
Light

Medium

Dark

Occlusal

Gingival



SHADE: _____

ADDITIONAL INSTRUCTION